

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3311

State File No.

BIRTH-NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY OR TOWN <u>St. Louis HEIGHTS</u> c. LENGTH OF STAY (in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ills.</u> b. COUNTY <u>Madison</u> c. CITY OR TOWN <u>Collinsville Twsp.</u> d. STREET ADDRESS (If rural, give location) <u>Troy Rd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Frederick Wentzel</u> a. (First) <u>Frederick</u> b. (Middle) <u>Wentzel</u> c. (Last) <u>Wentzel</u>				4. DATE OF DEATH <u>Jan. 13 1950</u> (Month) (Day) (Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, REASON MARRIED. <u>WIDOWED, DIVORCED (Specify)</u> <u>Divorced</u>		8. DATE OF BIRTH <u>June 24 1902</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractor</u>		11. BIRTHPLACE (State or foreign country) <u>Evansville Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Richard Paulsen</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Wentzel</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom Lentz</u> ADDRESS <u>Collinsville</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>332X</u> <u>6 mo.</u>				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>49</u> , to <u>Jan</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>50</u> , and that death occurred at <u>6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. C. MacDonald M.D.</u>				23b. ADDRESS <u>539 N. Grand Blvd.</u>		23c. DATE SIGNED <u>1-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Jan. 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville, Twsp. Madison Ill.</u>	
DATE REC'D BY LOCAL REG. <u>1-14-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *Blair 10 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.